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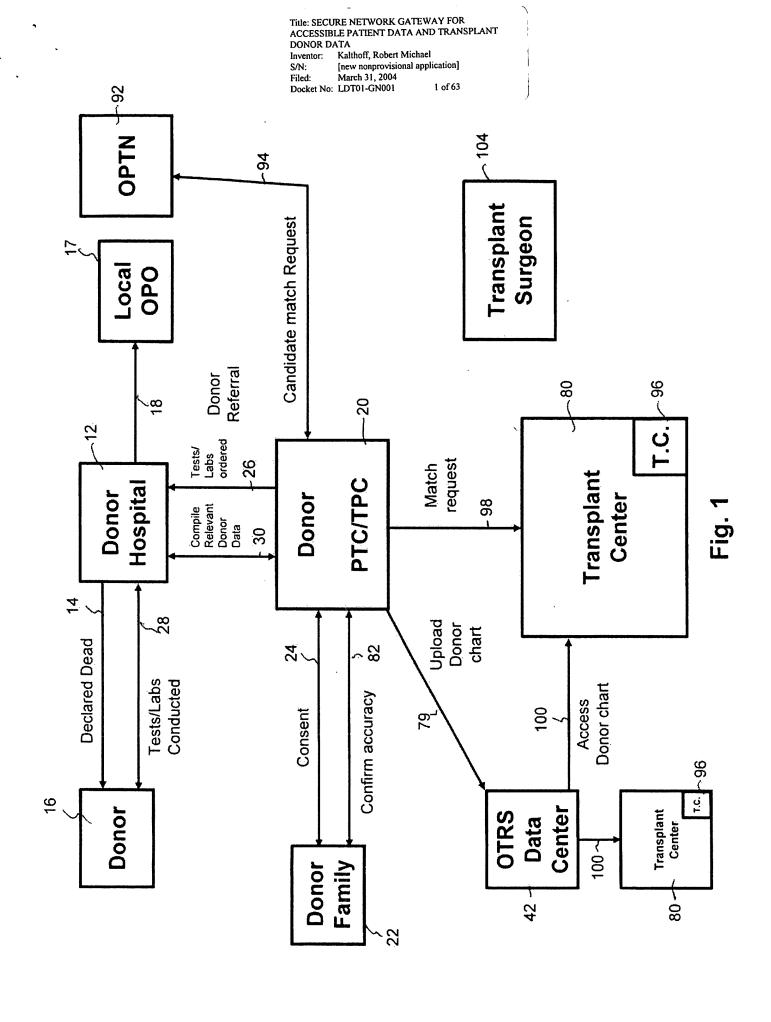
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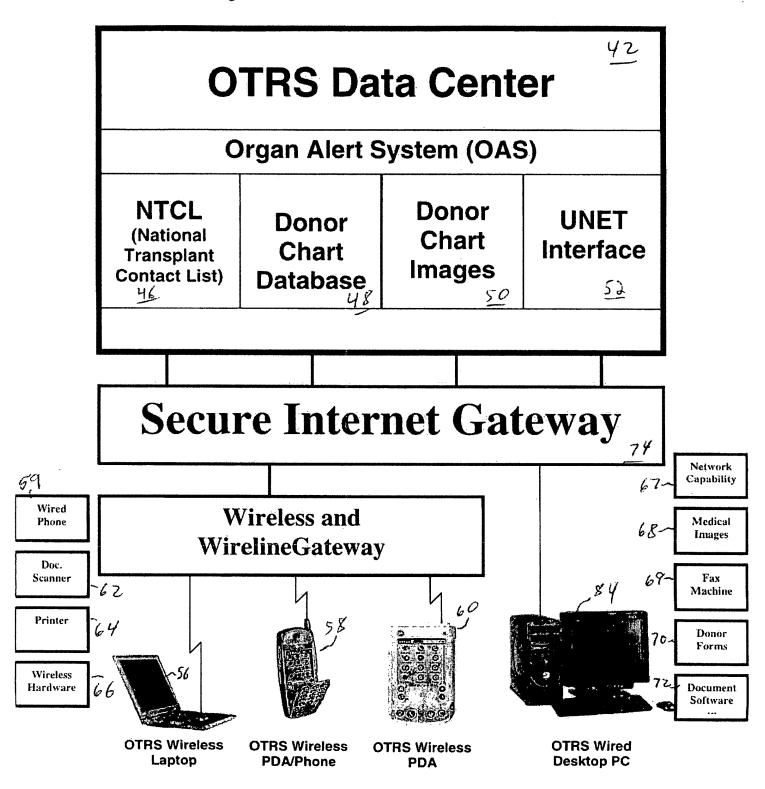
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Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

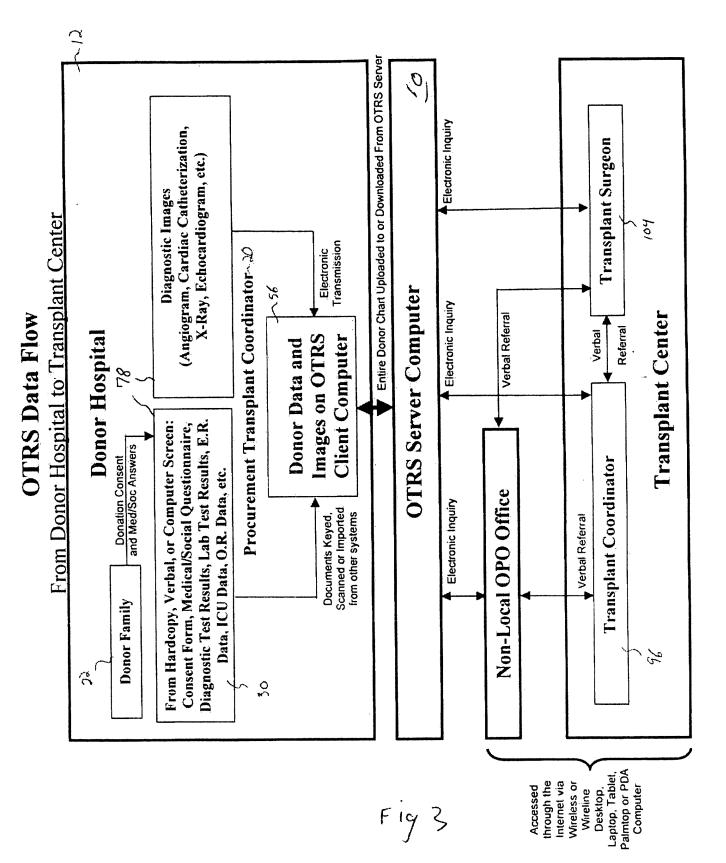
Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 2 of 63

OTRS System Architecture



Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 3 of 63



	DONOR IMPRINT
QNo.LA QSo.:LA QCentral LA QMM QOC QIE QKern	
GRecovered GConsented But Not Recovered GConsent Rescinded	
Oral assault	
Recovery date/crossclamp time Coord	Medical Record #
DONOR II	linator name(s)
Donor Hospital Provider #	Hospital Unit
ZIP Code	Hospital Unit Telephone #
Date/Time Admission	Fax #
Date/Time of Referral	Keternna Person
Date/Time of Arrival	Attending Physician
Donor Name	ICause of Death (See Codes)
SSNDOB	[Mechanism of Death (See Codes)
Address	Circumstances of Death (See Codes)
Address	☐Brain Death Pronounced ☐Asystole
Active Military Yes ONo OUnknown	Date/TimeMD/DO
QU.S. Bom QNot U.S. Bom QU.S. Citizen	Date/TimeMD/DO
How long lived in U.Syrs.	Method(s) Used
Donor Occupation:	Permission for donation
Ethnicity	Restrictions/Denial reason(s)
□Hispanic: Mexican □Hispanic: other	
HLA A B DR C	Name of M.E./Coroner
ABO Bh Cub	Date/Time of Contact
ABO Rh Sub	Autopsy
CONSENTI	NFORMATION
Dollor Card Lifes Lino Liunknown Date/Time of Co	nsentRequest made by
(NOK)	Relationship
Address	
	_ Funeral Home
Organ Consent Requested? If not requested, w	rite reason Consent obtained? If not, give reason
KidneyDYes	QYes QNo
Intestine	QYes QNo
PancreasQYes DNo	QYes QNo
HeartQYes QNo	
Lung	
Tissue	QYes QNo
Tissue BankTi	
Consent for Research QYes QNo	ssue Bank Coordinator
	GOTHET

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael

S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 4 of 63

DONOR NAME		UNOS #	
	ADMISSION CC	DURSE/COMMENTS	
		1	
			,
		*	
adamin a haring			
dmission toxicology screen results:_			
lease identify any injuries, fractures, inci- idicators on the diagrams and describe b perative procedures or invasive lines/tub IOR Procedures	elow. Include any		
Cardiac/Respiratory Arrest (downtime	e)		
Chest Compressions (duration)			
Defibrillation]	/
omments			
		0 4 10	0 1 10
		1 \ /\ /	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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		1 1/1/	\
		1 111	/) / (

F. g. 5

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 5 of 63

Tubes (□Endotracheal	PHYSICAL EXAP		Time	
(PHYSICAL EXA			
Tubes (
(
	71 -4 06-4		Performed	□ Prenospital	□Hospital
Decompression (Left Chest	☐Right Chest	Performed	□Prehospital	□Hospital
•	QLeft Chest	☐Right Chest	Performed	☐Prehospital	□Hospital
Breath Sounds	QEven	QUneven	QAbsent left/right	□ Wheezes	□Clear ·
	□Rales left/right	□Rhonchi left/right	QDecreased left/rig	ht	
CARDIOVASCULAR Lines	□PA cath	DCVP	QArterial line		
	□Regular	Olmegular	A THURST INTO		
· ·	⊒Normal		QRub		
	□Present	Q1 2 3 4	QAbsent		
•	⊒Present	D1 2 3 4	QAbsent		
INTEGUMENTARY	mir resent	G1254	CONDOIN		
	□ Pink	□Dusky	□Pale	QJaundice	Other *
(□Bruises	□Lacerations	□ Tattoos	OTrack marks	□Piercings
GASTROINTESTINAL					•
	□Yes	□No	□Result		
	ONG -	□Gastrostomy	OSurgical drains		
•	Olncisions	OSurgical scars	Other scars (desc		
	□Soft -	OFim	□Non-distended	□Distended	
(SENITOURINARY	□+ bowel sounds	QNo bowel sounds			
	□<100 cc/hr	□100 - 500 cc/hr	□>500 cc/hr	© Anuric	
	⊒Clear	□Cloudy	QHematuria		
.,					
MUSCULOSKELETAL Fractures (□Closed	©Compound/open	QDressings/splints	Offenetion	□None

Fig. 6

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

DONOR DATA

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 6 of 63

Donor Name	UNOS ID #	
DOUGH Marine	UNO2 ID #	

LAB PROFILE

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	C	o₂							\top		$\neg \dagger$		+							1
	BUN (<2								1	***************************************	十									1
Creatii	nine (<1.	5)			1				1									\neg		1
Glucos	e (65-15	0)			1					······························										1
Calcium	(8.5-10.	5)			1															1
Phosphorou	s (1.8-2.	6)								***********	1							Ī	***************************************	1
	Total E	Sili -			1								1			İ				1
Direct/Conj	ugated E	lili											1							1
Indirect/U	nconj. E	Bili								***********	1							i		1
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	ase (0-8		İ		T	\neg	······································		十		十					$\neg \uparrow$		1		1
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Urinalysis			1			CBC	3			T				T	<u>'</u>		T		Ī	
Date		***				Date	9			\dashv				1						**************************************
Time						Time	9													
Color			1			RBC	5				***************************************			1						
Appearance						WBC	2			\neg	······			1						, ,
рН						Hgl	5		***************************************			1								
Spec. Grav.						Ho			*	十		1								
Protein						Platel			· · · · · · · · · · · · · · · · · · ·	7	***********									***************************************
Glucose			Ŧ			Seg:	5		***************************************	十						····				
Blood						Lymp				十		\neg		1			1			
RBC						Band				1				T						·
WBC						Mono				十		1	·							
Epith						Eos				7		\neg		T						
Casts	-	•	1													L				
Bacteria			1	$\neg \vdash$			* **			• . •										

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 7 of 63

Fig. 7

Donor Name			SERO	CONFID		U	NOS IE	 D#	RES		
Pre-trans. Date/timo drawr	ANTI HIV I	ANTI HIV II	HIV Antigen	ANTI HTLV I	ANTI HTLV II	RPR VDRL	CMV	HBoAg	ANTI	ANTI	SEROLOGY CODES NRNOT REACTIVE
Post-trans. Datoftimo drawn	ANTI	ANTI HIV II	HIV Antigon	ANTI HTLV I	ANTI HTLV II	RPR VDRL	CMV	HBoAg	ANTI HBC	ANTI HCV	RREACTIVE
Comments on res	suits (jac	3/1aM, 6	etc.)								
Cultures	Dato Drawn	3	4 hour ros	oult	Dato	4	8 hour	rosult) Q	n t o	Final result Sensitivities
Blood Blood											
Urine					i	 	····				·
Sputum							•				
Sputum GS						 					
		······				ļ					

			PRE-DON	OR ARTERI	AL BLOOK	GASES				
DATE/TIME	рН	pCO ₂	pO ₂	HCO ₃	O ₂ Sat	FiO ₂	Rate	TV	PEEP	P _i P
								 		-
						<u> </u>				
							 	 		
						<u> </u>	-			

		Octo/Time			,
Pre-Monagemont Modications	Deso	Storted	Danor Managamont Modications	Doso	Date/Time Started
					. ,

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

DONOR DATA

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 8 of 63

Donor Name			005 5	0100	UNOS	ID #			
			PRE-L	ONOR IN	FORMAT	MOI			
			HEMODY	NAMICS/	TEMPER!	ATIIRE			
Date					I Sivil Si O	1016	T	T	1
Time						 	 		
Average BP								 	
Heart rate	3			1		<u> </u>		-	
High BP						 		 	
Duration					 				
Low 8P					 				
Duration					 				
CVP	.1	<u> </u>					<u> </u>		
PA									
PAWP	<u> </u>							ļ	
CO/CI									
Temp						,			'
Dopamine	L	1				<u> </u>			
·									
Drug/Dosage									
		 							
			}						

INTA	KE					OUTPUT			•
Date	Time	Crystalloid	Colloid	Blood products	24 hour total/ hour average	24 hour urino output/ hour averago	Othor output	24 hour total output	Lowest unne output per hour/ duration
			·						
			·						
							·		

Blood Products

Fig. 9

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael

S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 9 of 63

Donor Name			UNOS ID #	¥	
EKG	ONormal .	QAbnormal	CARDIAC DATA		
Date / Time	_ C	IsmondA∟ Physicia	ın.		
nterpretation		onsuming anysida	(1		
•		······································			
DZD ECHO	OTRANS SCORU			•	-
		AGEAL ECHO	_	·	
nterpretation		moditing Physicia	1		
					-
VB					
VP	EF	BP	HR SF	Cardiac rhythm	
	CI es QNo	PAWP	SF	PA pressure	
	ODopamine ODopamine	Dosage	OCalaaakutu -		
	□Dobutamine	Dosage	QEpinephrine	Dosage	
	□Other	Dosage		Dosage	
NGIOGRAPH	Y				
ate / lime	Co	nsulting Physician			
terpretation					
<u> </u>					***************************************
		211	1.0000000000000000000000000000000000000		
(R		PU	LMONARY DATA		
ate / Time			Interpretation/Commont		
ange from pri	evious CXR QY	es ONo	wiresbretation/Comment_		
(K		~			
ate / Time			nterpretation/Comment		
lange from pre	evious CXR OY	s QNo			
RONCHOSCO		-			
te / time	/		Consulting Physician		
erpretation					······································
onchial washin	gs sent for culture/g	ram stain?	QNo Result		
	ASUREMENTS	1. Length of	Right Lung	Males	
RIGHT LUNG	LEFT LUNG	2. Length of	Left Lung	TLC = (0.094 x Ht. cm) -	
, <u> </u>	Ainue Kno	3. Aortic Kno	b Width	(0.015 x Age in Yrs) - 9 167	: 3
1	Width(AW	. I minhinghi	1 Width	VC = (0.084 x Ht, cm) -	
人物	(Aller)	8 Diet BOD	:/Landmark_	(0.031 x Age in Yrs) - 5 335	×
177	人 路 人	7 Total Luca	A to LCPA	Females	
++++	Diaphram Widih (DW	8. Vital Cana	city	TLC = (0.079 x Ht. cm)	
		, - vicus vapa		(0.008 x Age in Yrs.) - 7 49	
				VC = (0.052 x Ht, cm) -	
/ entical		ŀ		(0.018 x Age in Yrs) - 4 36	
l Vertical Heighi ((H)			[1 inch = 2.54 cms)	

Fig. 10

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

DONOR DATA
Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 10 of 63

Donor Name			UNOS ID #_			
	IN	TRAOPERAT	VE MANAGEMENT	<u> </u>		
Enter OR Date					(ED (CD (14)	
Incision Date		Time		Circle Zone	(ET) (CT) (M	T) (PT)
ClampDate		Time		Circle Zone	(ET) (CT) (M	I) (PT)
Exit OR Date		Time		Circle Zone	(ET) (CT) (M	(PT)
Average BP	Low BP			3P	(ET) (CT) (M'	
Average HR	Low HR	Duration_		1R		
Average Urine Output	cc/hr Last H	our Urine Out	out cc		Duration Output in OR	
			CATONS	10(01 011110	Odtpdt iii OR	cc
□Heparin Dosage	/Time	<u> </u>	□Vasodilators	□Nipride		
OThorazine Dosage		/		©Other		
☐Mannitol Dosage		/	QVasopressors	QDopamine		***
□Lasix Dosage		/		QDobutamir		
⊒Solumedrol Dosage		1		QEpinephrin		
□T4 Dosage		1		OLevophed	-	
□Other Dosage		1	QBlood products			
Dosage Dosage	/Time	1	☐Blood products t	lype/volume	· · · · · · · · · · · · · · · · · · ·	
			OCrystalloids type	o⁄volume	. /	
			TEAM			•
HEART	HEART	/LUNG	RIGHT LUI	NG .	LEFT LU	VG.
<u> </u>						
LIVER/ O SPLIT	KIDN	EYS	PANCREA	S	INTESTI	νΕ
***************************************		<u> </u>				
ANESTHESIA	CIRCUL	ATOR	0001:30			
	CIRCOL	AIOK	SCRUBS	<u> </u>	OTHER	5 ' '
omments						

Fig 11

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 11 of 63

Donor Na	NameUNOS ID ♯							
				AL DATA	010 0			
Clamp Dat	e/Time	Circle		***				
Insitu Flusi	h OYes ONo	Flush Solution	e Zone (ET) (CT) (MT)	(PI) vvami	schemic Tim	e DYes DNo	Duration	
Storage So	olution	Backtable I	Flush QYes QNo Vo	dume	Flush	Characteristics	Q1+ Q2+	Q3+ Q4+
Typing Mat	terials On	iodes OSpi	leen QBlood Clot	DC .: C	Eu Bloc	: □Yes □No :	Sent En Bloc	QYes QNo
Recovering						Cell QB Ce	ili	
	Kidney	Right	· · · · · · · · · · · · · · · · · · ·	Assistant S	nideou			
	Hard □Soft	OYes QNo		l Anatomy		Left		Kidney
	Hard OSoft	QYes QNo		nc plaque		QYes QNo		Hard OSoft
		OYes QNo		cted area		DYOS QNo	Plaque Q	Hard OSoft
		QYes QNo	Сар	sule tear		QYes QNo		
1 000	No.	□Yes □No	Subcapsu	lar hematou	1a	QYes QNo		ا پ
		QYes QNo	Cysts/D	iscoloration	*	DY® DNo)
(QYes QNo	Pı	mped		QYos QNo		W.
		QYes QNo	В	iopsy		QYes QNo		
	RIGHT	CIDNEY ANAT	0).0					
OTransplan		rch ODiscard		OTransplan		KIDNEY ANA		
Length		cm Widt		Length		search ODisc	<u></u>	ot Recovered
Arter (s)#	Distance	apart					idth	
Aortic Cuff	OYes ON	· apart		Arter (s)#_Aortic Ouff	Dista QYes	nce apart		
Are multiple	enteries on a con	unon cuff? QYe	s QNo			common cnti.	Yes ONo	
Length	cm	cm	ста	Length	ста		ста	
Diameter	mm	mm	mm	Diameter	cm	cm	cm	
Vein(s)#	Distance	аралт		Vein(s)#	Dieta	псе арал	······································	
Full Vena Ca	ava Oyes ON	io		Full Vena C	ava DYes	QNo		
Length	cm.	cm	cm	Length	CIB	СП	cm	
Diameter	min	mo	com	Diameter	myn	mm	mm	
Ureter Single/I	Double	<u> </u>		Ureter Single	Double			
Length	cm	cm	cm	Length	¢m	cm	cm	* *
Piumped Biopsy result	ges Qyes QN Qyes QN	lo requested by		Abnormalities Surgical Dami Pumped Biopsy resul	ages QYes QYes	QNo QNo requested		
				Comments_				
OPO Coordin	ator			Surreon	Signature			
			INTRAOPERATI	<u>/E MANAGEMI</u>	ENT			
Transplante	d QValves	O Resear		Y DATA				
Flush Solution						3on		
	·	Vo	olumo	Storago Solution	on		Volume	
			-	1 -				

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 12 of 63

Uchor Name						UNOS II) #		
Anatomical abn	•	⊃Yes	⊃No	Com	nents				
Surgical damag		⊇Yes		Comr	ments				
Evidence of CV	disease?	' 🗆 Yes	QNo		nents				
Recovering Sur	geon				_ Transplant Proc	aram		Timo Paga	
·					LUNG D	ATA		Time Recovered	
OTransplanted		search	□ Dis∈	carded	ONO! Recovere	d/0			
Anstantian				Volume	St	orage Solutio	n	. Vo	lume
•	•				Countients			,	
Surgical damage	e QiYes	i	QNo	Comm	Jeutz				
RL Recovering S	Surgeon _				. Fransplant Prog	ram		Time Recovered	
LL Recovering S	urgeon _				. Iransplant Prog	ram		Time Recovered	
Transplanted					PANCREAS	UMIM			
Aortic flush	- 1318I			earch		ONot Recov	red/Rea	son	
Splenic flush (bar	cktahlal	Start	Ti		Solution	n		Volume	Char 1 2 3
SMA (backtable)		Sidil	Time		Solution	1		Volume	Char 1 2 3
Whole Dyes			Time		Solution	<u> </u>		Volume	Char 1 2 3
Anatomical abnor		Cenac	QYes	CIND	Spieen attached	O Yes	QNo	Portal Vein	⊒Yes ⊃No
Surgical damage	•		QYes	□No	Comments		· .		•
Bowel prep comm			QYes	QNo	Comments				
Recovering Surge									
9 00 9					Transplant Progr	am		Time Recovered	
Transplanted	QRese	arch	Onis	carded	LIVER DA ©Hepatocytes				
Aortic flush			ime	,00,000	Califica	UNOTR	ecovered/i	Reason	
Portal flush		Start T	ime		Solution			Volume	Char_1 2 3 4
Anatomical abnor	mairty		☐Yes	QNo	Comments		· · · · · · · · · · · · · · · · · · ·	Volume	Char 1 2 3 4
Surgical damage	•		QNo		Contrients				
Capsule torn	□Yes		QNo	Commo	111.3				
Hematoma	□Yes		DNo	00111110	1112				
Vessels sent	QYes		□No	001111116	11(3				
Gall bladder incise	d QYes		□No	00	1103				
Gall bladder flushe			QNo	000,000	,1(3				
Replaced it hepatic			QNo	Commo					
Backtable flush	DYes		QNo	Comme	nts		·		
Biopsy	QYes		□No		ndude % fat)	···			
Slide sent with liver			QNo			Banal da s			
Recovering Surgeo					osy, estimate visua	ized fat conte	ent		
					INTESTINE D	Transplant Pi	ogram		_Time Recovered
OTransplanted	OResea	rch	ODiscar	dëd	QNot Recovered/R				
Flush		Start T	ime					Volume	*
			_					A ANINIG	Char 1 2 3 4
Anatomical abnorm	airty	(⊒Yeş	QNo	Comments				
Anatomical abnorm Surgical damage	QYes	_	⊒Yes ⊒No	ONo Commen	Comments				
Anatomical abnorm Surgical damage Bowel prep comme Recovering Surgeoi	OYes	_		ÖNo Commen	Comments				

UNOS CODES

Fig. 13

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael S/N:

Filed:

[new nonprovisional application] March 31, 2004 Docket No: LDT01-GN001

Donor Name	UNOS	iD#
Cause of Death Anoxia Cerebrovascular/Stroke Head Trauma	Mechanism of Death Drowning Oseizure Obrug Intoxication	Circumstances of Death Omotor Vehicle Accident Oalleged Suicide Oalleged Homicide
⊖CNS Tumor ⊖Other	QAsphyxiation QCardiovascular QElectrical QGunshot Wound QStab QBlunt Injury QSudden Infant Death QIntracranial Hemorrhage/ Strok	□Alleged Child Abuse □Non-Motor Vehicle Accident □Other ke

Fig. 14

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004 Docket No: LDT01-GN001

				
0		VERY INFORM	MOLION	
	ไ เรรเ	ues recovered		
MS Left OFascia OFemur OFibula OAchilles Tendon OTibla OIlium OHumerus OHemipelvis OWhole knee	MS Right OFascia OFemur OFibula OAchilles Tendon OTibia Ollium OHumerus OHemipelvis OWhole knee	CV QHeart valves QSaphenous veins QFemoral veins	Other Uvertebral bodies UPSK USkin URibs UPericardium UTrachea UComeas/eyes	
Other				
Location of tissue recovery (sp Body refrigerated prior to reco Date/time in room	Recoverage of the Recoverage o	ery Information Date/time body	placed in morgue	
MS Tiss	auos .		CV Tissues	
Date/time begin (1st prep start)		Date/time heart (end warm isch.	recovered time)	
Date/time skin recovered (end warm isch. time)		Date/time trache (end warm isch. Date/time saphe	time)	
Date/time tissue recovered (end warm isch. time)		(end warm isch.) Date/time femore	time) al veins recovered time)	·•

Date/time thoracic sorts recovered

Pericardium recovered by _____

R Vein recovered by_____

Name & Title

(end warm isch. time)_

Heart recovered by_____

L Vein recovered by ___

Circulator

Team leader_____

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael

Name & Title

R. side téch

Team leader ___

L. side tech____

Circulator ____

Skin recovered by_

Other _

S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 15 of 63

UNOS ID #	Patient name	
Organ donor ID #	Tissue donor ID #	· · · · · · · · · · · · · · · · · · ·
Recovery comments		
Autopsy performed at OLifeNet request OME R	lequest □Family request □Not performed Phone	
Hospital medical record returned to		
Hospital staff signature	Date/time	·
Returned by		
LifeNet staff signature		

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

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Docket No: LDT01-GN001 16 of 63

UNOS ID#				Patient nam	חב	
Organ donor ID #				Tissue donor ID #		
	EUIII		ORMATION	LISSUE GON	or ID #	
Item	Mag	facturer				
Heparin	IAISTILL	INSCIONAL	Lot#	Exp. Dato	Recorder's initials	
Papaverine						
Lasix	1					
Insulin						
Penicillin	 					
Dexamethosone	† 			-		
Water (Inject) #1						
UW (Viaspan®)						
LR imgation (1L bottle)	†					
LR imgation (1L bag)						
0.9% NaCl impation (slush)						
0.9% NaCl imgation (bottle)					`	
Plegisol			·	 		
NaHCO3						
KCI						
EuroCallins						
Prostin						
MgSO4						
McCoy's 5A tissue media						
Gentamicin						
Betadine spray						
RPMI 1840						
libiclens/lubricant						
Plasmalyte	· · · · · · · · · · · · · · · · · · ·					
quipment		Stenlization F	Run &	Exp. Dato	Poppedodo leikiata	
.E Set				SAP. Date	Recorder's initials	
JE/Rib set						
kin tray						
ein tray						
leart tray						
kin container					, 1	
leart container						
econdary sterilized Keviar@ g	loves		·			
terile recovery pack (bone)						
terile recovery pack (hear/ski	n)					
terile recovery pack (organ)						
terile QA pack ther						
uici						

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: S/N:

Kalthoff, Robert Michael [new nonprovisional application] March 31, 2004 Filed:

Docket No: LDT01-GN001 17 of 63

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	2/4/2004 9:35 PST

Recovered: Yes	Consented But Not Recovered: No	Consent Rescinded: No
		

Recovery Date/Crossclamp time: 7/7/03 2301 Medical Record#: 4593706

			DONOR IN	ORMATION					
Donor Hospital:				Provider#: Original Coord		031 mple	Coordinate	بــرت	
Admission: Referral: Arrival:	Torrance , CA 900 Date: 6/30/ Date: 7/5/0 Date: 7/5/0	03 3	Time: 1724 Time: 1748 Time: 1900	Referring Person: Michael Cowan Attending Physician: Nosrat Nabavi					
Donor:	Jane Doe 900 E. Bay Blvd. - Scott, CA 85260			Cause of deat Mechanism of Circumstance Brain Death:	Death:	Intra	brovascula cranial He r	4. 1	
SSN:	393-555-1212			Asystole:		No			
DOB:	10/16/48			Date/Time:	7/5/03	1834	Ronald	Farran	MD
Age:	54 Sex:	Female		Date/Time:	7/6/03	1030	Melvin	Snyder	MD
Ĥt:	5'1 Wt:	50 kg		Method(s) Us			EEG		
Race:	White			Method(s) Us			Clinical E	xam	
Act Military:	No			M.E./Coroner			No		
US Born:	Yes			Permission fo	r donation	1:	-		
U.S. Citizen:	Yes			Case#:			N/A		
Lived in U.S.:				Restrictions/I		son: N/			
Occupation:	Pharmacist			M.E./Coroner			N/A		
Ethnicity:	Not Hispanic Origi			Date/Time of	contact:		N/A	N/A	٠
HLA A: 2,24 ABO: A	B: 7,56 Rh: +	DR: 7,8 Sub: 1	DQ: 7,9	Autopsy:			No		

		CONSENT INF	ORMATION	
NOK:		Doe Raintree Drive #2016 CA 90057	Donor Card: Date/Time of Consent: Request made by:	Unknown 7/6/03 1100 Coleen Dumenjich
Relationship:	Son Son			
Telephone 1:	602-55	5-1212		
Telephone 2 : Funeral Home:	Grambl	ing Funeral Home		
Organ	Consent Requested	If not requested, write reason	Consent Obtained	If not, give reason
Kldney	Yes		Yes	
Liver	Yes		Yes	
Intestine	Yes		Yes	
Pancreas	Yes		Yes	
Heart	Yes		Yes	
Lung	Yes		Yes	
Tissue	Yes		Yes	
Tissue Bank: D	oheny		Tissue Bank Cooordinator:	Jasmine
Consent for Re	search: No		Other: DN#030707	

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http://www.ldtsystems.com/cgi-bin/otrs.cgi

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

DONOR DATA

Kalthoff, Robert Michael Inventor: [new nonprovisional application] March 31, 2004 S/N:

Filed:

Docket No: LDT01-GN001 18 of 63 3/30/2004

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/28/2003 13:16 PST

ADMISSION COURSE/COMMENTS

Found unconscious in hotel restroom by fiance. Regained consciousness and able to verbally communicate. Admitted to San Pedro Pennisula Hospital. Head CT performed and showed large SAH, during procedure, pt. again lost consciousness and was intubated. No cardiac or respiratory arrest. Transferred to Torrance Memorial on 06/30/03 for cerebral anglogram, which showed a large anterior communicating aneurysm. On 07/01/03 aneurysm clipping performed. Condition deteriorated and brain death declared on 07/05/03.

	Admission '	Toxicology S	reen Result	ts:
		3,		
Not done.				

Please identify any injuri indicators on the diagram operative procedures or	ns and	describe below. I		· Q Q
OR:	Yes	Procedures	Aneurysm clipping on 07/01/03	
Cardiac/Respiratory Arrest:	NO	Downtime	n/a	
Chest Compressions:	Yes	Duration	n/a	V \
Defibrillation:	NO		n/a	\
COMMENTS:				
.				See Attachments page for Body Notes

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Fig. 19

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/6/2003 23:56 PST

INITIAL PHYSICAL ASSES	SMENT	
Examination Performed by Name: Annette Pope	Date:07/06/03	Time: 1440

PHYSICAL EXAMINATION

PULMONARY Tube Endotracheal: 7.0 fr Performed - Prehospital: -Hospital: Yes Left Chest: No Right Chest: No Performed - Prehospital: -Hospital: -Left Chest: No Right Chest: No Decompression Performed - Prehospital: -Hospital: -BreathSounds Even: Yes Uneven: No Absent Left: No Absent Right: No Wheezes: No Clear: Yes Rales Left: No Rales Right: No Rhonchi Left: No Rhonchi Right: No Decreased Left: No Decreased Right: No

CARDIOVASCULAR						
Lines	PA Cath Line:	n/a	CVP Une:	Yes	Arterial Line:	Yes
Heart Rhythm	Regular:	Yes	Irregular:	No		
Heart Tones	Normal:	Yes	Murmur:	No	Rub:	No
Periph. Pulses	Present:	Yes	1234:	4	Absent:	No
Periph. Edema	Present:	No	1234:		Absent:	Yes

		INTEGUM (see donor notes unde		e)	
Color	Pink: Yes	Dusky: -	Pale: -	Jaundice: -	Other: Yes
	Bruises: No	Lacerations: No	Tattoos: No	Track Marks: No	Plercings: No

		GASTROINTESTINAL				
DPL: No DPL Result:						
Tubes	. 7-		Consider I Book to an Ma			
·	NG: Yes	Gastrostomy: No	Surgical Drains: No			
Abdomen	Incisions: No	Surgical Scars: No	Other Scars: No			
	Soft: Yes	Firm: No	Non Distended: Yes	Distanded: No		
	+ Bowel Sounds: No	No Bowel Sounds: Yes				

		GENITOURINARY		
Urine Volume:	<100 cc/hr: Yes	100-500 cc/hr: -	>500 cc/hr: -	Anuric: -
Appearance:	Clear: Yes	Cloudy: No	Hematuria: -	

		MUSCU	LOSKELETAL		
Fractures:	Closed: No	Compound/Open: No	Dressings/Splints: No	Traction: No	None: Yes

	COMMENTS	
L side of head with cranial dsg,		

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Fig. 20

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	8/8/2003 9:33 PST

		LAB	PROFILE			
Lab Date:	06/30/03	07/01/03	07/02/03	07/02/03	07/0303	07/04/03
Lab Time:	1925	0440	0420	2140	0500	0435
Na+ (140-160):	139	136	133	150	148	138
K+ (3.5-5.5):	3.9	4.2	3,3	4.2	3.7	4.0
CL- (96-115):	105·	102	104	118	114	107
CO2:	20	19	20	24	24	22
BUN (<20):	12	16	12	10	.10 .	11
Creatinine (<1.5):	1.0	1.1	0.9	0.9	0.8	0.6
Glucose (65-150):	157	162	280	167	148	140
Calcium-Ionized or Not (8.5-10.5):		8.5	-		•	
Phosphorous (1.8-2.6):		3.7	***	•	÷	-
Total Bili:	•	0.5		-	<u>.</u>	-
Direct/Conjugated Bill:	+	-		•	•	-
Indirect/Unconj. Bili:	•	-	- .	-	•	-
SGOT(AST) (0-40):		16	•		*	- ·
SGPT (ALT) (5-35):	•	39			•	-
GGT (17-55):		*	*	-	•	-
Albumin:	-	4.7	•	•	*	-
Total protein:	•	8.5			-	-
Mg:	•	-	-			-
Alk Phos (45-110):	÷.	-	•	-	-	•
LDH (90-250):	No.	209		• .		-
PT (11-15):	11.9	-	•	-	-	•
PTT (24-36):	23.0	•			-	•
CPK/tot MB (0-255/<5)	-	-		•	-	-
Amylase ():		-	•			
Lipase ():	-	-	·	-	-	.
Other:	•	triglycerides 171	*	**	-	*
Other:	. .	cholesterol 206	*	*	*	•
Other:		-		-	•	

Docket No: LDT01-GN001 21 of 63

		URINALYSIS		
Urinalysis:				
Date:	06/30/03	07/06/03	07/06/03	07/07/03
Time:	1930	1657	2245	0550
Color:	yellow	amber	yellow	yellow
Appearance:	clear	clear	hazy	hazy
рН:	5.0	6.0	7.0	6.5
Spec. Grav.:	1.020	1.015	1.010	1.010
Protein:	2+	2+	1+	1+
Glucose:	negative	3+	2+	1+
Blood:	3+	1+	1+	trace
RBC:	5-10	0-2	2-5	0-2
WBC:	0-2	0-2	none	0-2
Epith:	1+	1+	•	+
Casts:	negative	negative	•	-
Bacteria:	rare	rare:		-

	СВС								
CBC:									
Date:	06/30/03	07/01/03	07/02/03	07/02/03	07/03/03	07/04/03			
Time:	1925	1910	0420	0820	1445	0435			
RBC:	5.04	3.75	3.97	4.13	3.37	4.07			
WBC:	21.0	8.0	13.0	13.1	11.9	11.4			
Hgb:	14.9	10.9	11.8	12.3	10.1	12.1			
Hct:	43,8	32.8	34.7	35.9	28.7	36.1			
Platelets:	238		178	196	*	128			
Segs:	83	•	-	91	-	-			
Lymp:	9		-	. 4					
Bands:	4	•	-	. 3	•	-			
Mono:	4	•	-	2	. •				
Eos:	.0	÷	.0	.0	-	.0			

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST

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Fig. 22

Docket No: LDT01-GN001

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/8/2003 0:15 PST

		LAB P	ROFILE			
Lab Date:	07/05/03	07/06/03	07/06/03	07/06/03	07/07/03	7/7/03
Lab Time:	0420	0420	1745	2245	0545	1100
Na+ (140-160):	140	138	138	136	135	141
K+ (3.5-5.5):	3.5	3.9	4.0	3.6	3.8	4.5
CL- (96-115):	107	105	107	108	103	110
CO2:	26	22	: 23	23	23	26
BUN (<20):	12	25	25	21	19	16
Creatinine (<1.5):	0.6	0.8	0.8	0.7	0.9	0.7
Glucose (65-150):	141	212	1	-	198	
Calcium-Ionized or Not (8.5-10.5):	-	8.8	8.8	7.7	8.8	
Phosphorous (1.8-2.6):	4 -	2.7	1,5	2.0	2.5	
Total Bili:	-	0.7	0.8	1.2	0.8	0.7
Direct/Conjugated Bill:	-	- 7	-	-	-	
Indirect/Unconj. Bili:		-	: * ·	-	-	
SGOT(AST) (0-40):		28	43	47	61	54
SGPT (ALT) (5-35):	-	52	66	63	81	84
GGT (17-55):	•	•	339	273	346	
Albumin:	-	3.8	3.5	3.0		
Total protein:	**	6.8	-	•		
Mg:	•	*	2.0	1.7	1.5	1.8
Alk Phos (45-110):	-	-	88	79	84	109
LDH (90-250):		17.5	•		225	
PT (11-15):	*		12.5	12.7	12.9	12.9
PTT (24-36):		-	31.5	33.8	32.1	27,7
CPK/tot MB (0-255/<5)	-	• .	138/3.9	105	91	
Amylase (25-115):	-	- , .	34	37	31	33
Lipase (114-286):	•	-	254	280	213	238
Other:	-	triglycerides 242	serium osmo 307	triponin 0.05	triponin 0.07	
Other:		cholesterol 1		-		•
Other:	•	. *	~			

Fig 23

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

DONOR DATA

Kalthoff, Robert Michael Inventor: S/N: [new nonprovisional application] Filed:

http://www.ldtsystems.com/cgi-bin/otrs.cgi

March 31, 2004 Docket No: LDT01-GN001

		URINALYSIS
Urinalysis:		
Date:	7/7/03	
Time:	1805	
Color:	yellow	
Appearance:	clear	
pH:	6.0	
Spec. Grav.:	1.01.	
Protein:	1,+	
Glucose:	neg	
Blood:	1+	
RBC:	•	
WBC:	0-2	
Epith:		
Casts:		
Bacteria:		

CBC							
CBC:							
Date:	07/06/03	07/06/03	07/06/03	07/07/03	7/7/03	7/7/03	
. Time:	0420	1745	2245	0545	1100	1805	
RBC:	4.34	4.49	3,82	3.95	4.29	3.87	
WBC:	12.0	12.9	8.5	12.1	15.1	15.5	
Hġb:	12.9	13.4	11.5	11.9	12.6	11.5	
Hct:	38.2	39.2	33.6	34.7	37.3	34,1	
Platelets:	196	180	155	135	162	136	
Segs:	•	-	1.0		91.2		
. Lymp:	,	· · · · · · · · · · · · · · · · · · ·		e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	4,4	6.7	
Bands:	- :-	*				*	
Mono:	-	•	<u>(</u> 1 • 1		4.2	5.3	
Eos:	.0	.0	<u> </u>	.0'	0.0		

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	i, and it is it is it.	2/4/2004 9:35 PST

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Donor/Consent Information Page 8 of 29

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/8/2003 0:11 PST

		LAI
Lab Date:	7/7/03	7/7/03
Lab Time:	1450	1805
Na+ (140-160):	141	141
K+ (3.5-5.5):	4.3	4:1
CL- (96-115):	110	110
CO2:	22	22
BUN (<20):	18	18
Creatinine (<1.5):	0.8	0.7
Glucose (65-150):	144	134
Calcium-Ionized or Not (8.5-10.5):	8.8	
Phosphorous (1.8-2.6):	1.9	1.7
Total Bill:	0.8	
Direct/Conjugated Bill:		•
Indirect/Unconj. Bill:		
SGOT(AST) (0-40):	49	1
SGPT (ALT) (5-35):	76	1
GGT (17-55):		•
Albumin:		
Total protein:		
Mg:		
Alk Phos (45-110):	79	1
LDH (90-250):	**************************************	,
PT (11-15):	13.0	13.9
PTT (24-36):	30.2	31.5
CPK/tot MB (0-255/<5)		4
Amylase ():		37
Lipase ():		225
Other:		inr 1.4
Other:		
Other:		

Figzs

	URINALYSIS
Urinalysis:	
Date:	
Time:	
Color:	
Appearance:	
pH:	
Spec. Grav.:	
Protein:	
Glucose:	
Blood:	
RBC:	
WBC:	
Epith:	
Casts:	
Bacteria:	

	CBC				
CBC:					
Date:	7/7/03				
Time:	1450				
RBC:	3.91				
WBC:	17.1				
Hgb:	11.7				
Hct:	34.3				
Platelets:	143				
Segs:	89.4				
Lymp:	4.5				
Bands:					
Mono:	5,4				
Eos:	0.1				

UNOS ID#	Donor Name OPO I	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe 9999	Sample Coordinator	ig gagain an icu	2/4/2004 9:35 PST

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Fig 26

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/7/2003 18:30 PST

			SEROLOG	IES AND C	ULTURES				·	
Pre-Trans Date/Time	Anti HIV I	Anti HIV II	HIV Antigen	Anti HTLV I	Anti HTLV II	RPR VDRL	CMV	HBsAG	ANTI HBc	ANTI
•	-	-	-	•	•	-			-	-
Post-Trans Date/Time	Anti HIV I	Anti HIV II	HIV Antigen	Anti HTLV I	Anti HTLV II	RPR VDRL	CMV	HBsAG	ANTI HBc	ANTI
07/06/03 @ 1440	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

SEROLOGY CODES: NR = NOT REACTIVE - R = REACTIVE - ND = NOT DONE

Comments on Reactive Results (IgG/IgM, etc.):

CULTURES										
	Date	24 Hr Result	Date	48 Hr Result	Date	Final Result				
Blood	07/06/03	no growth to date	1			f				
Blood	07/06/03	no growth to date	1			f				
Urine	07/06/03	no growth to date		17		f				
Sputum	07/06/03	NO GROWTH AT 1 DAY	1		<u> </u>	1				
Sputum GS	07/06/03	3=WBC'S, NO EPITHELIAL CELLS, RARE MIXED BACTERIA	1			<u> </u>				
			T			1				

		DON	OR ARTE	RIAL BLOC	D GASES	:				
Date/Time	pH	pCO2	pO2	нсоз	O2Sat	FiO2	Rate	ΤV	PEEP	PIF
06/30/03 @ 2200	7.45	25.6	214	17.5	100	40	14	600	4	-
07/01/03 @ 0722	7.41	32.2	162	20	100	30	10	600	4	-
07/02/03 @ 0730	7.35	,31.6	151	17.1	100	24	10	600	4	T -
07/03/03 @ 0001	7.41	35.4	99.8	22	99.8	24	10	600	4	-
07/04/03 @ 0720	7.42	34.9	129	22.2	99.7	24	10	600	4	-
07/05/03 @ 0735	7.47	30.9	153	22.2	99.9	24	10	600	4	-
07/06/03 @ 0712	7.49	27.9	133	20.8	99.7	24	10	600	4	T -
										†
	`									

		MEDICATI	ONS/OTHER DRUGS			
Pre-Management Medications	Dose	Date/Time Started	Donor Management Medications	Dose	Date/Time Started	
Decadron IV Q 6	4 mg	6/30/03 @ 2000	Ancef IV Q 8	1 gram	continued	
Nimodipine p.o. Q 4	60 mg	6/30/03 @ 2000	Dopamine drip	titrate	continued	
Dilantin IV Q 6	100 mg	6/30/03 @ 2000	Levophed drip	titrate	continued	
Labetalol IV PRN	20 mg	6/30/03 @ 2100	Imipenem IV Q 8	500 mg	7/6/03 @ 2200	
Lasix IV x 1	40 mg	6/30/03 @ 2300	Solumedrol IV x 1	2 grams	7/6/03 @ 2130	
Mannitol IV Q 6	50 mg	6/30/03 @ 2000	Lacriibe Q 4	both eyes	7/6/03 @ 2100	
Pepcid IV Q 12	20 mg	6/30/03 @ 2000	Calcium Chloride IV X 1	1 gram	7/7/03 @ 0120	
Propofol IV	titrate	6/30/03 @ 1900	Morphine for vasodilation	2 mg	7/7/03 @ 0145	
Ancef IV Q 8	1 gram	7/2/03 @ 0400	ALBUMIN 25%	50GM -	7/7/03@ 1300	
Vasotec NGT Q 12	10 mg	7/2/03 @ 0500	LEVAQUIN	500MG	7/7/03@ 1200	
Dopamine drip	titrate	7/2/03 @ 0630	MSO4	5mg	7/7/03@1100	
Levophed drip	titrate	7/2/03 @ 1215	IMIPEMEN	500mg	7/7/03@1400	
Plasmanate	500cc	7/2/03 @ 1000				
DDAVP s.q. Q 12	1 mcg	7/2/03 @ 1830				
Morphine IV Q 4	2 mg	7/3/03 @ 1620				
KCL NGT	30 meg	7/3/03 @ 1000		FIC.	フつ	

http://www.ldtsystems.com/cgi-bin/otrs.cgi

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

DONOR DATA

Inventor: Kalthoff, Robert Michael S/N: [new nonprovisional application] Filed: March 31, 2004

Docket No: LDT01-GN001

27 of 63

F1927

3/30/2004

Donor/Consent Information

Page 11 of 29

Albumin 5% 1000 cc 7/5/03 @ 0645

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Fig 28

http://www.ldtsystems.com/cgi-bin/otrs.cgi

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor:

Kalthoff, Robert Michael [new nonprovisional application] March 31, 2004

S/N:

Docket No: LDT01-GN001 28 of 63 3/30/2004

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	D# Donor Name OPO ID		Coordinator Name	Current Hospital Unit	Record Updated	
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST	
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated	
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	12/31/1969 16:00 PST	

SEROLOGIES AND CULTURES										
Pre-Trans Date/Time	Anti HIV I	Anti HIV II	HIV Antigen	Anti HTLV I	Anti HTLV II	RPR VDRL	CMV	HBsAG	ANTI HBc	ANTI
Post-Trans Date/Time	Anti HIV I	Anti HIV II	HIV Antigen	Anti HTLV I	Anti HTLV II	RPR VDRL	СМУ	HBsAG	ANTI HBc	ANTI

SEROLOGY CODES: NR = NOT REACTIVE - R = REACTIVE - ND = NOT DONE

Comments on Reactive Results (IgG/IgM, etc.):

CULTURES										
	Date	24 Hr Result	Date	48 Hr Result	Date	Final Result				
Blood										
Blood										
Urine										
Sputum										
Sputum GS										

			DONO	R ARTERIAL	BLOOD GAS	ĖS				
Date/Time	рН	pCO2	pO2	нсоз	02Sat	FIO2	Rate	TV	PEEP	PIP
			14.							
										-
					₩ .		-			
										<u> </u>

	MEDICATIONS/OTHER DRUGS									
Pre-Management Medications	Dose	Date/Time Started	Donor Management Medications	Dose	Date/Time Started					

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http://www.ldtsystems.com/cgi-bin/otrs.cgi

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

DONOR DATA

Inventor: Kalthoff, Robert Michael

S/N: [new nonprovisional application] Filed: March 31, 2004 Docket No: LDT01-GN001 29 of 63

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ĮCU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active:	LS1212	310-517-4620	310-784-4872	12/31/1969 16:00 PST

SEROLOGIES AND CULTURES										
Pre-Trans Date/Time	Anti HIV I	Anti HIV II	HIV Antigen	Anti HTLV I	Anti HTLV II	RPR VDRL	CMV	HBsAG	ANTI HBc	ANT) HCV
Post-Trans Date/Time	Anti HIV I	Anti HIV II	HIV Antigen	Anti HTLV I	Anti HTLV II	RPR VDRL	CMV	HBsAG	ANTI HBc	ANT:

SEROLOGY CODES: NR = NOT REACTIVE - R = REACTIVE - ND = NOT DONE

Comments on Reactive Results (IgG/IgM, etc.):

	CULTURES								
	Date	24 Hr Result	Date	48 Hr Result	Date	Final Result			
Blood									
Blood									
Urine									
Sputum									
Sputum GS									

	DONOR ARTERIAL BLOOD GASES											
Date/Time	pН	pCO2	pO2	нсоз	02Sat	FiO2	Rate	ΤV	PEEP	PIP		
								<u> </u>		ļ		
	_											
										<u> </u>		
								╁				
	1			1	-	ľ		1	l	1		

MEDICATIONS/OTHER DRUGS								
Pre-Management Medications	Dose Date/Time Started		Donor Management Medications	Dose	Date/Time Started			
			; ·					
	·							
	•		·					
				1 1				

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Fig 30

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YED)PGYP	Active	LS1212	310-517-4620	310-784-4872	10/1/2003 7:04 PST

			HEMODY	NAMICS/TI	EMPERATURI			
Date:	6/30/03	07/01/03	07/02/03	07/03/03	07/04/03	07/05/03	07/06/03	
Time:	1700- 0600	0700- 0700	0700- 0700	0700- 0700	0700- 0700	0700- 0700	0700- 1300	
Average BP:	135/72- 180/94	196-78- 78-38	78/200- 35-85	125-210- 85-65	78/210- 50-100	105/204- 60/100	125/65- 185/92	
Heart Rate:	62-100	48-92	52-102	45-78	45-82	62-84	55-75	
High BP:	180/94	195/78	200/85	210/85	210/100	204/100	185/92	
Duration:	1 hour	5 mins	15 mins	5 mins	30 mins	5 miņs	30 min	
Low BP:	135/72	78/38	78/35	125/65	78/50	105/60	125/65	
Duration:	1 hour	30 mins	30 mins	45 mins	5 mins	30 mins	5 min	
CVP:	٠	-		-	÷	-	*	
PA:	-	•	•	•	•	•	•	
PAWP:	-	•	•		-	-	•	
CO/CI:	-		-		-	•	•	
Temp:	96.6-98	96.3-98.6	92.6-99.7	95.8-98.6	95.4-97.6	92-98.6	95.6-96.3	
Dopamine:	•	25 mcg @ 0630	0-35 mcg	0-6 mcg	3-9 mcg	3 mcg	3 mcg	
Drug/Dosage:	**	-	levophed 1-8 mcg @ 1215	levophed @ 1-2.5 mcg	levophed @ 0.25- 0.75 mcg	levophed @ 0.25 mcg - 0.75mcg	levophed @ 0.75 mcg	
Other:	-	•	-	•	nitroprusside 0.18-1.5 mcg @ 1650	nitroprusside @ 0.18-1.5 mcg	•	

		INTAKE		1.0				οú	TPUT		
Date	Time	Crystallold	Colloid	Blood Products	24 Hr total Intake	Hour Average	24 Hr Urine Output	Hour Average	Other Output	24 Hr total output	Lowest urine output per hir duration
6/30/03	0500-0600	1905			1905		2335		10_	2345	5
7/1/03	0700-0700	4183			4183	2.5	3825	(*)	40	3865	- 1,0
7/2/68	0700-0700	3506	350		3856		3680	· .		3680	90
7/3/03	0700-0700	2642	500		3142		2990		300	3290	800
7/4/03	0700-0700	1000	950		1950		4710		200	4910	60
7/5/03	0700-0700	1579	500		20,79		2375			2375	.30
7/6/03	077-1300	562			562		480			480	
										e a	
			<u> </u>	TOTAL:	17677	TOTAL:	20395	DIFFERE	NCE: -27	18	

1	BLOOD PRODUCTS/COLLOID ADMINISTRATION SUMMARY	
2 units of PRBC's.	•	

UNOS ID#	Donor Name	OPO ID Coordinator Name		Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST

http://www.ldtsystems.com/cgi-bin/otrs.cgi

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]

Filed: March 31, 2004 Docket No: LDT01-GN001

31 of 63

Fig31

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F1932

http://www.ldtsystems.com/cgi-bin/otrs.cgi

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

DONOR DATA

Inventor: Kalthoff, Robert Michael [new nonprovisional application] March 31, 2004 S/N: Filed: Docket No: LDT01-GN001 32 of 63 3/30/2004

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/7/2003 12:40 PST

		CARD	IAC DATA		
EKG: Normal	Date: 07/06/03	Time: 1738	Consultin	ıg Physician: Willi	am Averill
Interpretation: 1	Normal EKG.				
2D Écho: Yes	Trans-Esphagea	l Echo: -	Fin		
	Date: 07/05/03	Time:	1800 Con	sulting Physician	: William Averill
	Normal LV systolic fun; Trace tricuspid re EF: 70%		70%; Concent	ric left ventricular	hypetrophy; Small arterial
CO:	CI:	PAWP:	SF: 38%	PA Pressure	•
		Dosage: 4 mcg	Epinepi	hrine:	Dosage:
Pressors: Yes	Dopamine: Yes	Dosage: 4 mcg	-bchi		
Pressors: Yes	Dobutamine: Yes	Dosage: 4 mcg		ephrine: Yes	Dosage: 0.25 mcg
Pressors: Yes	•				Dosage: 0.25 mcg
Pressors: Yes Anglography:	Dobutamine:	Dosage:	Neosyn		

PI	u	L	М	Ö	N	۸	RY	1	D	Δ	T	À	

spasm of RCA noted, resolved with intracoronay NTG; No complications; Hemostasis of right groin with 6 French anglo cath.

CXR: Date: 7/7/03 Time: 0630 Change from Previous CXR: No Interpretation/Comment: CLEAR LUNG FIELDS. PER DR CHUANG

CXR: Date: 07/07/03 Time: 0057 Change from Previous CXR: No

Interpretation/Comment: Clear lungs; ETT in good position; NG tube in good position; Left catheter tip at the SVC/RA junction; Suboptimal transmitted image resolution limits interpretation of this study. Interpreted by: William Palk M.D.

Bronchoscopy:

Date: 07/06/03

Time: 1755

Consulting Physician: Dinesh Kumar M.D.

Interpretation: Normal airway membranes; No sub-bronchial lesions; Small amount of erythemia in left main stem bronchi;

Carina normal and sharp; Bronchial washings; No complications.

Bronchial washings sent for culture/gram stain?: Yes Result: 4 + WBC'S, NO EPITHELILAL CELLS, 1 + MIXED BACTERIA

1_	CHEST MEASUREME	NTS		
CHEST MEASUREMENTS RIGHT LUNG Airline Knob Widin(AW) Diaphtam Widih (DW) Vertical Height (V3)	Length of Right Lung: Length of Left Lung: Aortic Knob Width: Diaphragm Width: Chest Circ./Landmark: Dist. RCPA to LCPA: Total Lung Capacity: Vital Capacity:	19 CM 19 CM 21 CM 24 CM 79CM	Males: TLC = (0.094 x Ht. cm)- (0.015 x Age in Yrs.) - 9.167 VC = (0.064 x Ht. cm) - (0.031 x Age in Yrs.) - 5.335 Females: TLC = (0.079 x Ht. cm)- (0.008 x Age in Yrs.) - 7.49 VC = (0.052 x Ht. cm) - (0.018 x Age in Yrs.) - 4.36 [1 Inch = 2.54 cms]	

11.700 - 20.110
ULTRASOUND
Ultrasound: N/A

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HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/8/2003 10:59 PST

INTRAOPERATIVE MANAGEMENT								
Enter OR:	Date: 7/7/03	Time: 1955	Zone: PT					
Incision:	Date: 7/7/03	Time: 2019	Zone: PT					
Clamp:	Date: 7/7/03	Time: 2301	Zone: PT					
Exit OR:	Date: 7/8/03	Time: 0020	Zone: PT					
Average BP:	120/60	Low BP: 100/50	Duration: 5min	High BP: 130/70	Duration: 5min			
Average HR:	90	Low HR: 75	Duration: 5 min	High HR: 100	Duration: 5min			
Average Urine	Output: 100	cc/hr Last Hour	Urine Output: 100cc	Total Urine in OR:	300cc			

	MEDICATIONS								
Heparin: Thorazine:	Yes No	Dosage: 30,000u Dosage:	Time: 2250 Time:	Vasodilators:	No	Nipride: Other:			
Mannitol:	Yes	Dosage: 25 gm	Time: 2255	Vasopressors:	No	Dopamine:		Dosage:	
Lasix:	Yes	Dosage: 100mg	Time: 2255			Dobutamine:		Dosage:	
Solumedrol:	Yes	Dosage: 1 gm	Time: 1700			Epinephrine:		Dosage:	
T4:	No	Dosage:	Time:			Levophed:		Dosage:	
Other:	No	Dosage:	Time:	Blood products:	type:	•	volume:		
Other:	No	Dosage:	Time:	Blood products: Crystalloids:	type: type:		volume:		

	OR	TEAM 1 A 7	
HEART	HEART/LUNG	RIGHT LUNG	LEFT LUNG
CACS		CAUH	Same
W. Cheng, MD		M. Barr, MD	
D. Toti, RN		M. Bowdish, MD	
		M. Retana, Perfusionist	
LIVER/SPLIT Yes	KIDNEYS	PANCREAS	INTESTINE
CAUH	Same as liver		
Y. Genyk, MD			
A. Chang, MD			
P. Zubiate, Perfusion			
ANESTHESIA	CIRCULATOR	SCRUBS	OTHERS
Sean Tritiak, MD	Toni Stafford, RN	Charles Berroya, CST	OneLegacy
	Ernie Weyand, RN	Vilma Sta. Rosa, CST	Karen Samartan, RN
		•	Tammy Miley, RN
			Melissa Friedman, RN

Comments: Observing: Stephanie Collazo, RN and Coleen Dumenjich, OneLegacy, Dr. L Czar, Cardiac Echo, CACS

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HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	IĆU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/8/2003 11:05 PST

	RENAL DATA							
Clamp	Date: 7/7/03	Time: 3201	Zone: PT	Warm ische	mic Time: No	Dur	ation:	
Insitu Fl	ush: Yes Flo	ish Solution: UW	Volum	e: 4,000 cc	Flush Charac	teristics: 4+		
Storage	Solution: UW	Backtable	e Flush: No	Volume:	En Bloc: Yes	Sent En Bloc	: No	
Typing M	laterials	Nodes: Yes	Spleen: Yes	Blood Clot: Yes	Cell Prep	: T Cell:	B Cell:	
Recover	ing Surgeon: Y.	Genyk, MD		Assistant Surgi	on: M. Bowdish, M	D		

Rìght Kidney	Right	Renal Anatomy	Left	Left Kidney
Plaque: Soft	Will	Aortic plaque	Mild	Plaque; Soft
Plaque: Soft	Mild	Arterial plaque	Mild	Plaque: Soft
	No	Infarcted area	No	
	No	Capsule tear	No	(, \
1	No	Subcapsular hematoma	No	er \
1	No	Cysts/Discoloration	No	
/ /))	No	Pumped	No	((` /
	Yes	Biopsy	No	

	RIGHT KIDN	IEY ANATOMY			LEFT KIDNI	Y ANA	гому
Organ Dispo	stion: Transplanted	d ·		Organ Dispostion: Transplanted			
Length: 10.5	cm	Width: 5 cm		Length: 10.5 cm Width: 5 cm			.5 cm
Arter (s)#:	1	Di	stance Apart:	Arter (s)#:	1		Distance Apart:
Aortic Cuff:	Yes			Aortic Cuff:	Yes		
Are multiple	arteries on a com	mon cuff?:		Are multiple a	erteries on	a comn	non cuff?:
Length:	6 cm cm cm	· ·		Length:	5 cm cm c	m	
Diameter:	5 mm mm mm			Diameter:	5 mm mm	ı mm	
Vein(s)#:	1	T	Distance Apart:	Vein(s)#:	1 1		Distance Apart:
Full Vena Ca	va: Yes			Patch of Cava	: Yes		
Length:	2cm cm cm	u *		Length:	5 cm cm c	:m	
Diameter:	7 mm mm mm	>-		Diameter:	10 mm m	m mm	
Ureter Single	/Double			Ureter Single	/Double		
Length:	16 cm cm cm	•		Length:	9 cm cm c	m .	-
Abnormalitie Surgical Dan Pumped: Biopsy Resul Comments: S	nages: No No	/ táken fróm uppe	Réquested By:	Abnormalities Sürgical Dam Pumped: Biopsy Result Comments: Si	ages:	No No No	Requested By:

OPO Coordinator: Karen Samartan, RN Recovering Surgeon: Y. Genyk, MD

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Fig 25

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

DONOR DATA
Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 35 of 63

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/8/2003 11:11 PST

INTRAOPERATIVE MANAGEMENT

	HEART DAT	1		
Organ Disposition: Transplanted		Not Recoverd/Reas	on:	
Flush Solution: UW	Volume: 1 L	Storage Solution	: UW	Volume: 1 L
Anatomical abnormality: No	Comments:			
Surgical damage: No	Comments:			
Evidence of CV disease?: No	Comments:			
Recovering Surgeon: W. Cheng, MD	Transp	lant Program: CACS	Time	Recovered: 2315

	LUN	G DATA	
Organ Disposition: Transplanted		Not Recovered/Reaso	n:
Flush Solution: Perfidex	Volume: 5 L	Storage Solution: Per	fidex Volume: 2 L
Anatomical abnormality: No	Comments:		
Surgical damage: No	Comments:		
RL Recovering Surgeon: M. Barr, MD		Transplant Program: CAUH	Time Recovered: 2335
LL Recovering Surgeon: "		Transplant Program: "	Time Recovered: "

	PANCRE/	AS DATA	1	
Organ Disposition: Not Recovered	Not Recovered/Re	ason: 216-Organ Refused by al	National Program	1
Aortic flush	Start Time:	Solution:	Volume:	Char:
Splenic flush (backtable)	Start Time:	Solution:	Volume:	Char:
SMA (backtable)	Start Time:	Solution:	Volume:	Char:
Whole: Celia	ct	Spleen attached:		Portal Vein:
Anatomical abnormality: Yes	Comments:	,	•	
Surgical damage:	Comments:			
Bowel prep comments:				
Recovering Surgeon:		Transplant Program:	Time	Recovered:

			LIVER DATA		
Organ Disposition: Transp	olanted		Not Recovered	l/Reason:	
Aortic flush	Start Time		Solution: UW	Volume: 4,000cc	Char: 4
Portal flush	Start Time	e: 2301	Solution: Plasmalyte	Volume: 1,000cc	Char: 4
Anatomical abnormality:	No	Comme	nts:		
Surgical damage:	No	Comme	nts:		
Capsule torn:	No:	Comme	nts:		
Hematoma:	No	Comme	nts:		
Vessels sent:	Yes	Comme	nts:		
Gall bladder incised:	No	Comme	nts: Gall bladder remover intact		
Gall bladder flushed:	No	Comme	nts: "		
Replace rt hepatic:	No	Comme	nts:		
Backtable flush:	No	Comme	nts:		
Biopsy:	No	Result ((include % fat):		
Slide sent with liver:		If no bi	opsy, estimate visualized fat con	tent:	
Recovering Surgeon: Y. G	enyck, MD		Transplant Program: CA	UH Time Recov	vered: 2350

INTESTINE DATA					
Organ Disposition: Not Recovered	Not Recovered/Reas	on: 216-Organ Refused	by all National Program		
Flush	Start Time:	Solution:	Volume:	Char:	
Anatomical abnormality:	Comments:				
Surgical damage:	Comments:		<u></u>	,	
			T19.56	,	

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Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

DONOR DATA

Inventor: Kalthoff, Robert Michael S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 36 of 63

36 of 63

3/30/2004

Bowel prep comments:

Recovering Surgeon: Transplant Program: Time Recovered:

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Fig 37

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

DONOR DATA

Inventor: Kalthoff, Robert Michael S/N: [new nonprovisional application]

Filed: March 31, 2004

Docket No: LDT01-GN001 37 of 63

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	- ICÚ	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/7/2003 17:57 PST

CASE NOTES

07/06/03 Chest Xray at 1730: Evaluation of the lung fields demonstrated no focal infiltrates or effusions. Interpreted by: John Go M.D. 0

0805-ARRIVED W/ MELISSA, REPORT OBTAINED FROM ANNETTE & KIM.

0815-KAREN UPDATED BY KIM.

0840-HEART OFFERED TO CALL, ANNETTE SPOKE W/ SIEGLINDE

0850- KIM SPOKE W/ COLEEN CONFIRMING CONSENT FOR PANCREAS FOR TRANSPLANT ONLY, NO RESEARCH.

0905-SHERRY CONTACTED RE: CALL REQUEST FOR PULM.ARTERY NEEDED W/ HEART. SHERRY TO CHECK W/ UNOS, WILL CALL BACK.

0940- CALL CALLED, SIEGLINDE ACCEPTS HEART BUT WILL NEED PA. NOTIFIED WILL CALL BACK TO LET HER KNOW IF THIS WILL BE POSSIBLE OR NOT.

0950- SHERRY CALLED, SPOKE W/ MELISSA. STATES MED. DIRECTOR TO BE CONTACTED RE: CALL SPECIAL REQUEST FOR PA. 0955- SHERRY CALLED, STATES PER TOM MONE MUST MAXIMIZE ORGAN PLACEMENT AND OFFER LUNGS.

1000-SIEGLINDE NOTIFIED THAT WE WILL TRY TO PLACE LUNGS THEREFORE HEART OFFER IS NOW ON HOLD, WILL NOTIFY ASAP WHEN/IF LUNGS ARE PLACED OR NOT.

1005-UNOS CALLED FOR LUNG/LIVER LISTS

1030- TONY CALLED TO REPORT HLA RESULTS.

1040-DR. HAYWOOD FROM CALL CALLED US RE: HEART OFFER, STATES PT, HAS SEVERE PULM, STENOSIS. " I THOUGHT THE HEART WAS OFFERED W/ NO SRTINGS ATTACHED". " WE ALREADY TOLD THE PT. ABOUT THE HEART".

1050-LUNG OFFERS STARTED 1100-MARY IN O.R. NOTIFIED, STATES BOOKKED UNTIL 1800 OR 1900.

1115- LUNGS, BOTH ACCEPTED BY DR. VAS SHARMA (CAUH).

1120- SPOKE W/ STEPHANIE, CACL

1130- SIEGLINDA, (CALL) NOTIFIED OF LUNG PLACEMENT.

1140- TONY CALLED (O. PLACEMENT) STILL TRYING TO PLACE PANCREAS, NEED BX OF ONE KIDNEY.

1200- HEART OFFERS RESUMED

1203- MINNESOTA DECLINED FOR PANCREAS

1215- SPOKE W/ JAY RE: FIO2 CHALLENGE TO BE DONE @ 1300.

1245- UNOS CALLED TO CLARIFY LS #. NOT LS12812. CORRECT# IS LS12182.

1320- PAUL, CAUH ACCEPTED HEART, WILL SEND M.D. TO TMMC TO DO AN ECHO.

1330- SPOKE W/ DR. SHIDBAN. WILL PROCURE KIDNEYS, CALL W/ O.R. TIME.

1515- ANITA TO INFORM CACL THAT DR. GERYK TO PROCURE KIDNEYS.

1530- KAREN AWARE OF O.R. TIME.

1545- SPOKE W/ PAUL CACS, AWARE OF O.R. TIME.

1559- JAY AWARE OF O.R. TIME

1710- DR. SHIDBAN AWARE THAT DR. GERYK FROM CAUH WILL PROCURE KIDNEYS.

1215- JAY CALLED TO REQUEST FIO2 CHALLENGE RESULT/ NOTIFIED WILL CALL HIM BACK W/ RESULTS AFTER, 1300.

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HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICN	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Activé	LS1212	310-517-4620	310-784-4872	7/7/2003 3:37 PST

1. Do you feel that you knew (the decedent's name) well enought to answer questions regarding his/her medical and social history?

MEDICAL SOCIAL HISTORY

Mother/Father

2. Under the care of a doctor or receiving any medical treatment? Hospitalized or in a long term care facility or psychiatric hospital within the past two years?

YES

YE5

(If yes, please give the physician's name and name of hospital)

Donor was a Pharmacist; Had Hx of HTN and self medicated with Inderol. Donor also had Hx of Migraines for approximately 10 years and self medicated with unknown medication.

Any serious illnesses, serious infections (bacterial viral or fungal) or surgical procedures performed in the past?

YES

In dicated progress note donor had C-section, and hysterectomy.

4. Any limitations in his or her physical activity?

NO

5. Cancer or other malignant disease, such as melanoma, leukemia, lymphoma or require therapeutic irradiation or drugs for cancer?

NO

Suffer from any type of neurological or brain disease such as Alzhimer's, Parkinson's, Creutzfeld Jakob, multiple scierosis, seizures, confusion, memory loss or any history of brain tumor? Been told they or their family were at risk for Creutzfeld Jakob Disease? In the past 12 months had injections or exposure to rabies?

NO

7. Use of human pituitary derived growth hormone?

NO

8. Any autoimmune or connective tissue disease such as scieroderma, polymyosistis, rheumatold arhritis, systemic lupus erythematosis, myasthenia gravis?

YES

Some carpal tunnel from keyboard work-but had no medical treatment.

9. Any history of asthma, emphysema, or lung disease? Ever had a positive skin test for tuberculosis? Ever been treated for TB? (If yes, when?)

NO

10. History of digestive or intestinal problems? Ever had bloody stools, intestinal surgery or intestinal cancer?

NO

11. Any history of diabetes? Treated with oral medication? Insulin injections? Duration of treatment?

NO

12. Kidney related diseases, such as kiney stones or frequent infections, or require dialysis?

NO

(If so, dialysis date, duration of treatment and medication)

13. History of heart disease such as valvular disease, endocarditis, rheumatic fever, high blood pressure, cardiomyopathy (cause), or chest pains? Take any medications for heart or blood pressure problems?

YES

(If yes, indicatie date of occurrence and or type of drugs) Hx of HTN; Unknown when diagnosed with HTN. Self medicated with Inderal for HTN-Donor was a

F1939

http://www.ldtsystems.com/cgi-bin/otrs.cgi

Pharmacist.

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

DONOR DATA

Inventor: Kalthoff, Robert Michael S/N: [new nonprovisional application]

Filed: March 31, 2004 Docket No: LDT01-GN001

39 of 63

3/30/2004

14. Poor circulation or swelling in the legs, phiebitis, leg ulcers, vricosity, deep vein thrombosis, or any other venus disorder? History or vascular surgery or trauma to the legs?	NO
15. Skin infection such as leprosy, eczema, dermatitis, inflammatory skin disease, or abrasions?	NO
16. Any complaints of stiff or sore joints? Any other bone related diseases such as osteoporosis, osteomyelitis? History of broken bones? History of bone or joint surgery?	NO
17. Any eye disease such as glaucoma, cataracts, macular degeneration, retinoblastoma, comeal disease or any other eye disease or infection? Any refractive surgery to correct vision or any other eye surgery? (If yes, name of Ophthalmologist, and date of surgery)	NO
18. Exposure to cyanide, lead, mercury, pesticides, agent orange (handlers) or any other toxic substance resulting in health problems?	NO
19. Vaccination for flu, tetanus, or any other immunizations within the last 12 months?	NO
20. Use of prescribed medication, over the counter, herbal medication or vitamins on a routine basis? Any chronic steroid therapy? (If yes indicate type, quantity and frequency of use)	YES
Donor was a Pharmacist and self medicated with Inderal for HTN. Donor also suffered with migranes for approximately 10 years and self medicated with unknown medication. Per dicated note donor took vitamins and wore Estrogen patch.	
21. Use of tobacco products? (If yes indicate type, quantity, duration of use)	NO
22. Use of alcohol? (If yes indicate type, quantity, duration of use)	YES
1 beer once weekly	
23. Use of illegal drugs such as cocaine, marijuana or any other illegal drugs? (If yes indicate type, quantity, duration of use)	NO
24. Ever received transfusion of blood or blood products? (If yes indicate type, quantity, date)	YES
Received 2 units PRBC's during this admission.	
25. Been deferred as a blood donor or told not to donate? (If yes, why?)	NO
26. Ever been an organ or tissue transplant recipient such as bone, skin, cornea, kidney, or dura mater? (If yes, indicate date and type)	NO
27. Traveled outside of the United States within the past 5 years? Have a history or malaria or taken anti-malaria medication?	YES

Traveled to England in February 2003 for 7 days.

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

40 of 63

Inventor: Kalthoff, Robert Michael S/N: [new nonprovisional application]

Filed: March 31, 2004 Docket No: LDT01-GN001

http://www.ldtsystems.com/cgi-bin/otrs.cgi

3/30/2004

Fig40

NA

The decedent is 5 years of age or younger.

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If yes, go to question 28 If no, check N/A in #28 and proceed to USPHS criteria statement. NA 28. Is the child 18 months of age or younger, or been breast fed within the preceding 12 months? If yes, proceed to the following pediatric section. NA 29. For Pediatric Donors (with a yes answer to question 28), complete the following NA questions for: the donor, the mother and if available the father. The following information on high risk behavior applies to the donor and the donor's mother donor's father Donor's father: Name (place in comments section below) Donor's mother: Name (place in comments section below) ***Attach additional pages 3 to 5 as needed. USPHS current criteria for high risk behavior The following statement must be read to the person being interviewed.*** Yes. 30. Exposed to known or suspected HIV, Hepatitis B, or Hepatitis C infected blood through NO an accidental needle stick or through contact with an open wound non intact skin or mucus membrane in the past 12 months? Ever vaccinated for Hepatitis B? 31. Exhibited NO a. Unexplained weakness, fatigue or flu like symptoms b. Unexplained weight loss c. Unexplained night sweats d. Blue or purple spots on the skin or mucus membranes e. Unexplained lymphadenopathy (swollen lymph nodes) lasting more than 1 month f. Unexplained temperature greater than 100.5 for more than 10 days g. Unexplained persistent cough or shortness of breath h. Persistent white spots in the mouth i. Opportunistic infections (e.g. pneumocystis carinii pneumonia) j. Unexplained persistent diarrhea k. Unexplained nausea or vomiting 32. In the past 12 months have a tattoo, ear or body piercing or acupuncture therapy? NO Where, by whom, how? 33. Ever been confined to a correctional facility or long term acute care facility? Ever been NO in jail for more that 3 consecutive days within the past 12 months? (If yes, indicate date and duration of confinement) NO 34. Born in, lived in, or traveled to any of the following countries since 1977 Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Niger or Nigeria? While traveling in the above countries, received a blood transfusion or any medical treatment with a product made from blood? NO 35. Had sexual contact with anyone who was born in or lived in any of the above countries since 1977? NO 36. Received human derived clotting factor concentrates for hemophilia or any other clotting disorder?

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

Kalthoff, Robert Michael

March 31, 2004

Docket No: LDT01-GN001

fnew nonprovisional application!

41 of 63

DONOR DATA Inventor: Kal

S/N:

Filed:

3/30/2004

F1941

Had sex in the last 12 months with someone who has received clotting factor concentrates?

37. Use a needle to inject drugs into veins, muscle or under the skin for non-medical use in the past 5 years? Or ever? Had sex in the last 12 months with someone who has used a needle to inject drugs?	NO
38. Engaged in sex for money or drugs in the past 5 years? Or ever? Had sex in the last 12 months with someone who has engaged in sex for money or drugs?	ОИ
39. Diagnosed with or treated for syphilis, gonorrhea, herpes or any other sexually transmitted disease in the past 12 months? (If YES, indicate date of occurrences)	NO
40. Males, Ever had sex with another man, in the past 5 years? Or ever?	NA
41. Females, Within the last 12 months, had sex with a man who had sex with another man in the past 5 years? Or ever?	NO
42. Ever been diagnosed with or tested positive for HIV, Hepatitis B or Hepatitis C?	NO
43. Suffer from any type of liver disease? Any history of jaundice (yellowing of the body) enlarged liver or spleen? Ever been told they had any type of hepatitis? (If YES explain)	NO
44. Had sex or close contact in the past 12 months with a person known or suspected to have HIV, Hepatitis B or C infection?	NO
45. Do you have any concerns or other information about medical and social history you wish to tell me?	NO
46. Are there other individuals that may provide additional information regarding these medical and social history questions?	NÒ
SUPLEMENTAL QUESTIONS FOR LOS ANGELES, ORANGE, VENTURA, AND SANTA BARBARA COUNTIES	YES
Los Angeles County 1. If donor has a history of diabetes treated by insulin injections, was bovine insulin used?	NA
2. Ever had Chagas disease?	NO
3. Since 1980, spent a total accumulated time of 3 months or more in the United Kingdom or a total accumulated time of 6 months or more in Europe?	NÖ
3a. Ever received a blood transfusion in the UK since 1980?	NO

F1942

3/30/2004

COUNTIES***

***SUPLEMENTAL QUESTIONS FOR KERN, RIVERSIDE, AND SAN BERNARDINO

- 1. Employed? Type of work?
- 2. Has he/she ever had a mole removed or positive Pap smear? What was the cancer free period?
- 3. did he/she have diseases of unknown origin? Treatment? Recurrence?
- 4. Active encephalitis or meningitis of viral or unknown etlouogy in which symptoms have not resolved at least 28 days prior to death or donation.
- 5. Received human growth hormones between 1963 1985?
- 6. Recent illness? Infectition at donation site? If yes, specify type duration, treatment, and date.
- 7. Was he/she physically active? What type of activities?
- 8. Received tattoos, piercing, acupuncture in which shared instruments were known of have been used?
- 9. Ever been in close contact with a person who received organ or tissue transplant from an animal?
- 10. Males only: Has he had a history of prostate and/or testicular problems?
- 11. Immigrant from Halti since 1977?
 If yes: had sexual contact with anyone who was born in or lived in Halti since 1977? (If yes, answer in comments section below)
- 12. Was he/she sexually active in the lastr 5 years? If yes: More than one partner in the last 30 days?
- 13. Has he/she traveled or resided in Europe for greater than 30 days cumulatively since 1980?
 If yes, the questions below must be answered.
- 13a. In the UK for mor than 30 days cumulatively since 1980?
- 13b. In France for more than 30 days cumulatively since 1980?
- 13c. Anywhere in Europe for more than 180 days cumulatively since 1980?
- 14. Having answered the questions about medical diseases and behavioral risk factors, do you have any concerns that it might not be safe to proceed with organ and tissue donation?
- 15. Have you selected a funeral home yet?

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Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

DONOR DATA

Inventor: Kalthoff, Robert Michael S/N: [new nonprovisional application]

Filed: March 31, 2004

Docket No: LDT01-GN001 43 of 63

3/30/2004

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Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

DONOR DATA

Inventor: Kalthoff, Robert Michael S/N: [new nonprovisional application]

Filed: March 31, 2004 Docket No: LDT01-GN001

44 of 63

3/30/2004

. HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	

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brain death declaration 2.jpg Delete	
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Fig 46

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DONOR DATA

Inventor: Kalthoff, Robert Michael S/N: [new nonprovisional application]

Filed: March 31, 2004 Docket No: LDT01-GN001

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Fig. 47

Inventor: Kalthoff, Robert Michael S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 47 of 63

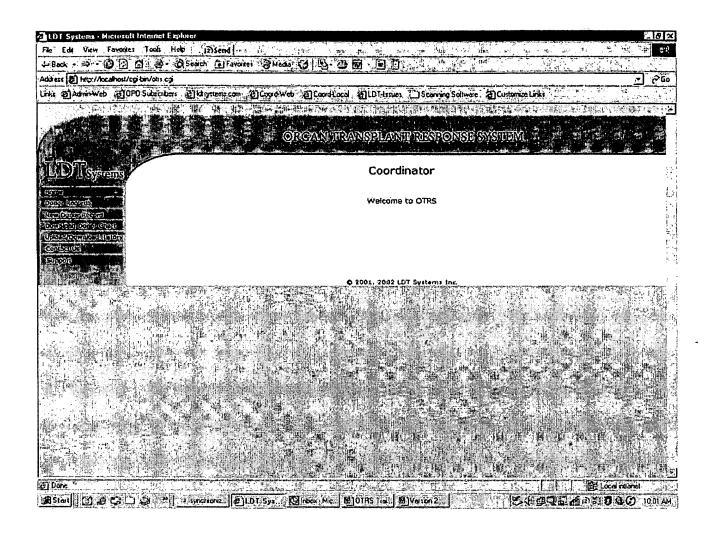


Fig. 48

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 48 of 63

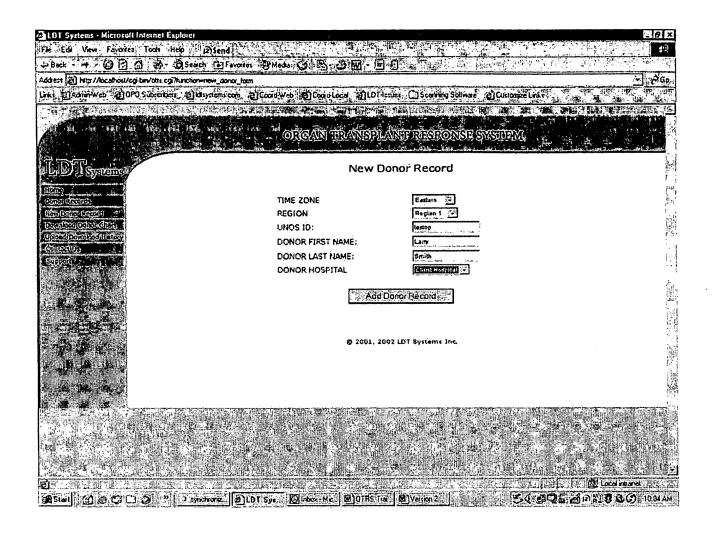


Fig. 49

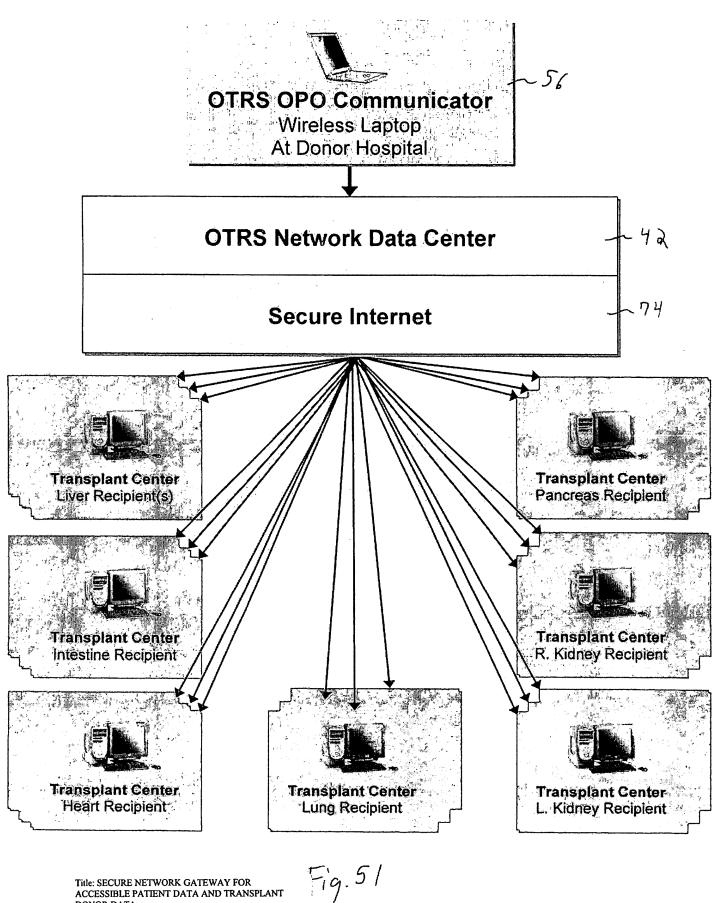
Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 49 of 63

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Fig. 50

Kalthoff, Robert Michael Inventor:

S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 50 of 63



DONOR DATA Inventor:

Kalthoff, Robert Michael [new nonprovisional application] March 31, 2004

Docket No: LDT01-GN001

OTRS Data Security

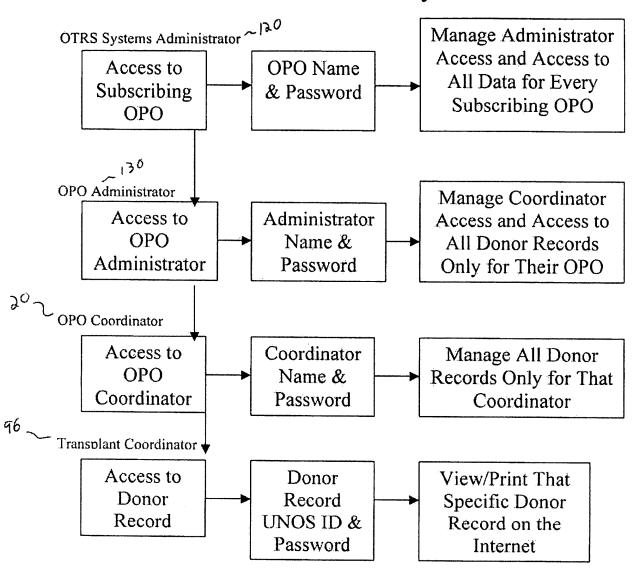


FIG. 52

Tide: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

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S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 52 of 63

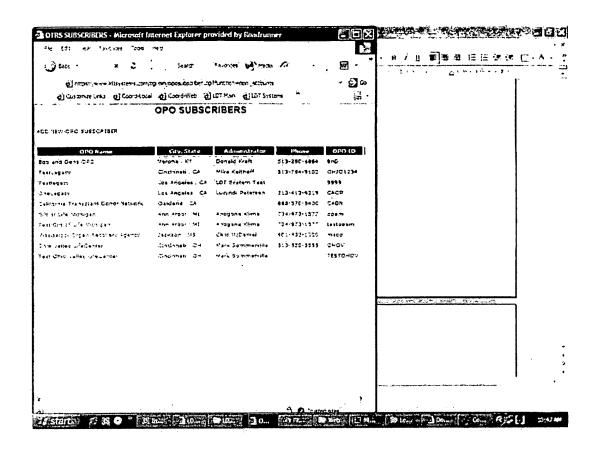


Fig. 53

DONOR DATA Inventor: Kalthoff, Robert Michael [new nonprovisional application] S/N:

March 31, 2004 Filed: Docket No: LDT01-GN001

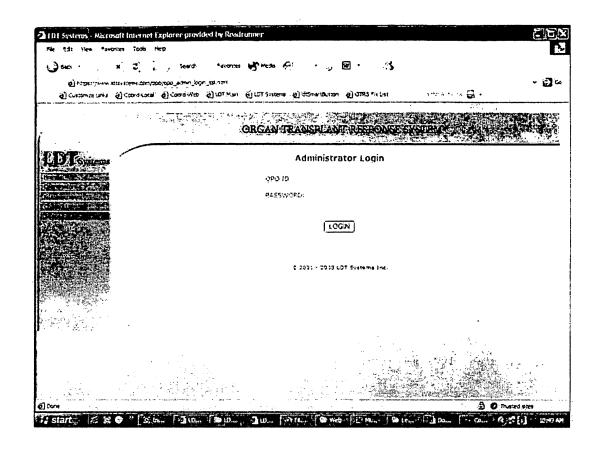


Fig. 54

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]

Filed: March 31, 2004 Docket No: LDT01-GN001 54 of 63

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Fig. 55

Inventor: Kalthoff, Robert Michael

S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 55 of 63

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Fig. 56

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael

[new nonprovisional application] March 31, 2004 S/N:

Filed: 56 of 63 Docket No: LDT01-GN001

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	de la constituent constituent en la chiefe de la constituent de la chiefe de la constituent de la cons	12. Ridney related diseases, such as kiney stones or frequent infections, or require dislysis? [If so, dislysis date, duration of treatment and medication)	
		11. Any history of diabetes? Treated with orei medication? Insulin injections? Duration of breatment?	
	<u> </u> .	10. History of digestive or intestinal problems? Ever had bloody stools, intestinal surgery or intestinal cancer?	
		9. Any history of asthma, emphysema, or lung disease? Ever had a positive skin test for tuberculosis? Ever been treated for TB? (If yes, when?)	
	<u> </u>	8. Any autoimmune or connective tissue disease such as scleroderma, polymyosistis, rheumatoid arhritis, systemic lupus arythematosis, myasthenia gravis?	
		7. Use of human pituitary-derived growth hormone?	
		6. Suffer from any type of neurological or brain disease such as Alzhimer's, Parkinson's, Creutzfeld-Jakob, multiple sciensis, seitures, confusion, memory loss or any history of brain tumor? Been told they or their family were at tisk for Crautzfeld-Jakob Disease? In the past 12 months had injections or exposure to rabins?	
		5. Cancer or other malignant disease, such as melanoma, laukamia, lymphoma or require thurapeutic irradiation or drugs for cancer?	
	L	4. Any limitations in his/her physical activity?	
	1	3. Any serios illnesses, serious infections (bacterial, viral or fungal), or surgical procedures performed in the past?	
	. •	2. Under the care of a doctor or receiving any medical treatment? Hospitalized or in a long term care facility or psychiatric hospital within the past two years? (If yea, please give the physician's name and name of hospital) Sample Data is here.	
	<u> "</u>	1. Do you feel that you knew (the decedent's name) well enought to answer questions YES regarding his/her medical and social history?	
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Fig. 57

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 57 of 63 57 of 63

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ospitalized or in a long term care facility or psychiatric bospital within the past two years?	<u>ः ज</u>		
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. Any limitasions in his/her physical activity?			
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Inventor: Kalthoff, Robert Michael S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 58 of 63

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Fig. 59

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 59 of 63

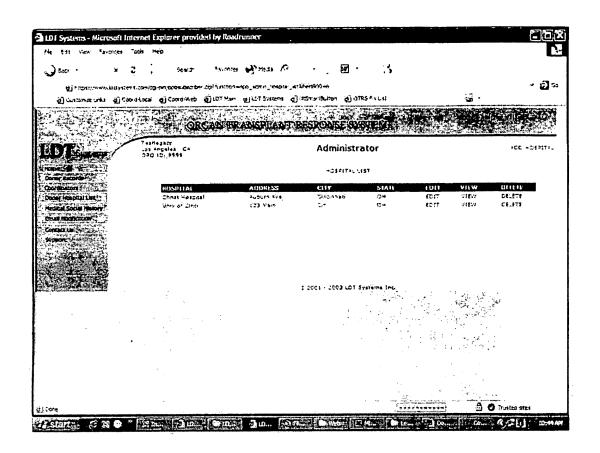


Fig. 60

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 60 of 63

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Fig. 61

Title: SECURE NETWORK GATEWAY FOR
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DONOR DATA
Inventor: Kalthoff, Robert Michael

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S/N: [new nonprovisional application]

Filed: March 31, 2004 Docket No: LDT01-GN001 61 of 63

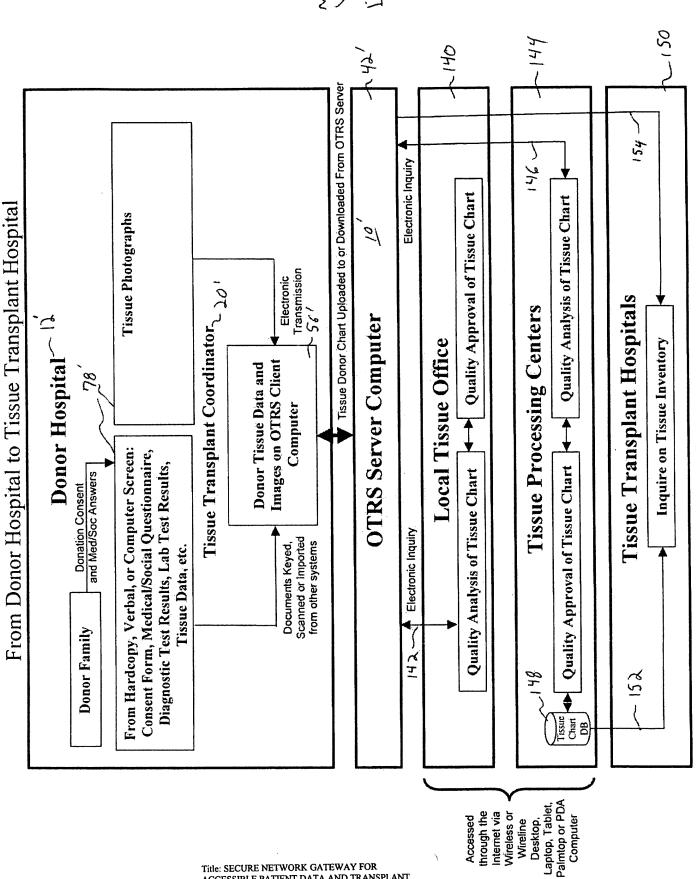
Fig. 62

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

DONOR DATA Inventor: Kalthoff, Robert Michael

[new nonprovisional application] S/N: March 31, 2004 Filed: Docket No: LDT01-GN001

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Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Kalthoff, Robert Michael Inventor: [new nonprovisional application]

March 31, 2004 Filed: Docket No: LDT01-GN001

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